PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 101545190 | | | |
|--|--|---|------------------|--------------------------------|---------------------|------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | | | | • | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | | | EXAM. FEE | |
| SEARCH FEE | | | | | | | | SEARCH FEE | | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | m | inus 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | /3 minus 20 = * | | | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 1 | minus 3 = | * | · | 1 | X \$ 100 = | - | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | • | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY OR | | OR | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIC PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF N | MULTIPLE DE | EPENDENT (| CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID | EST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | _ | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | • | TOTAL ADDIT. | | or | TOTAL ADDIT. | |
| * | If the entry in col | umn 1 is less than th | e entry in colur | nn 2. write "0" i | n colum | 13 | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.